

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 548

## CERTIFICATE OF DEATH

07031/66  
Reg. Dist. No.

1. PLACE OF DEATH: Garrett  
County

City or town Oakland, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harold McKinley Dawson.

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married.

6. (b) Name of husband or wife Ursula L. McIntire Dawson

7. Birth date of deceased (mo., day, yr.) March 25th, 1896. 6. (c) If alive, give age 49 years

8. AGE: Years 50 Months 4 Days 0 If less than one day hrs. min.

9. Birthplace Mt. Lake Park, Md.  
(Town, county, and state)

10. Usual occupation Druggist.

11. Industry or business

MOTHER FATHER 12. Name Charles Fillmore Dawson.  
13. Birthplace Frostburg, Md. Alle County

MOTHER 14. Maiden name Helena Soelter.  
15. Birthplace Accident, Maryland.

16. Informant Walter Dawson.

Address Oakland, Maryland.

17. Burial Date thereof July 27th/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oakland, Cemetery.

Location Oakland, Maryland.

18. Funeral director Eugene D. Boldree

Address Oakland, Md.

19. Date rec'd by registrar July 26, 1946 Julie Brown  
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Garrett  
City or town Oakland, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2. (a) If veteran, name war World War #1. 

3. (b) Social Security Number 218-10-8904

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946 at 7:00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7, 1940 July 25 1946 and that I last saw him alive on July 24 1946

Immediate cause of death Brain Tumor. 

DURATION 3 yrs.

Due to Malignant. Cyst. R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Brain Tumor Date of op. March 1943

Autopsy results   
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of

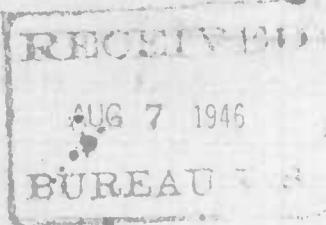
Where did injury occur?  (City or town)  (County)  (State)

Injured at home, farm, industry, public place (where?)

Means of Injury  Injured at work?

23. SIGNATURE E. I. Baumgartner M.D. M. D. or other

Address Oakland, Md. Date signed 7/26/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-2

## CERTIFICATE OF DEATH

0703262  
Reg. Dist. No.

1. PLACE OF DEATH: Garett  
 County: Grantsville Md  
 City or town: Grantsville Md  
 (If outside city or town limits, write RURAL and give nearest town)  
24 Years  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State: Md County: Garett  
 City or town: Grantsville Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.:  
 (If rural, give LOCATION)

2.(a) If veteran, name war:

## 3. (a) FULL NAME

Louis Diefenbach

|                  |                            |   |
|------------------|----------------------------|---|
| 4. Sex: <u>M</u> | 5. Color or race: <u>W</u> | 6.(a) Single, married, widowed, or divorced: <u>Widowed</u> |
|------------------|----------------------------|---|

8.(b) Name of husband or wife: Jane Diefenbach

7. Birth date of deceased (mo., day, yr.): October 20 - 1862

8. AGE: Years: 83 Months: 9 Days: 2 If less than one day: hrs. . . . . min. . . . .

9. Birthplace: R.D.2 Grantsville Md  
 (Town, county, and state)

10. Usual occupation: Blacksmith

## 11. Industry or business

MOTHER FATHER: 12. Name: Henry Diefenbach

MOTHER FATHER: 13. Birthplace: Germany

MOTHER FATHER: 14. Maiden name: Margaret Wagner

MOTHER FATHER: 15. Birthplace: Germany

16. Informant: Mrs Carrie Beachy

Address: Grantsville Md

17. Burial: Date thereof: 7-25-1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Grantsville

Location: Grantsville Md

18. Funeral director: Attn Mr. Winterberg  
 Address: Grantsville Md

19. Date rec'd by registrar: July 24 1946 Ethel Broadwater  
 Registrar

3. (b) Social Security Number: None

## MEDICAL CERTIFICATION

20. DATE OF DEATH: July 22 1946

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 15 1946 to July 22 1946 and that I last saw him alive on July 20 1946

Immediate cause of death: Seizure Hypocardiac 2 yrs

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide...

Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE: M. R. Davis M.D.

M. D. or other

Address: Grantsville Md Date signed: July 23



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of given name is shown on  
G107 9/15/46

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (K3)

07033

166

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

Garrett

County

Deep Creek, Md.

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Harry Herman (Hal H.) Draper.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married.

6. (b) Name of husband or wife

Cecelia Arnold Draper

7. Birth date of deceased (mo., day, yr.)

January 9th 1900

6. (c) If alive, give age

51

years

8. AGE:

Years

Months

Days

If less than one day

46

6

hrs.

min.

9. Birthplace

Barnsville, Minnesota.

(Town, county, and state)

10. Usual occupation

Photographer

11. Industry or business

12. Name

Henry H. Draper.

FATHER

Swartz Creek, Michigan.

MOTHER

Jennie Cook.

14. Maiden name

15. Birthplace

Toronto, Canada.

18. Informant

Mrs. Cecelia Draper.

Address

Deep Creek, Maryland.

17. Burial

Date thereof

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Marshall Friend, Cemetery

Location

Deep Creek, Maryland.

18. Funeral director

Surrey D. Bolder

Address

Oakland, Md.

19. Date rec'd by registrar

July 9, 1946

Julia A. Brown

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Garrett

City or town

Deep Creek, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

477-05-1710

## MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH

July 6th

19

46 4:00

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Slammed after breath

19

and that I last saw h alive on

19

Immediate cause of death

Accident drowning

DURATION

While in swimming

10

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Deep Creek, Lake

Means of injury

Drowning

Injured at work?

no

D. J. Baumgartner M.D. Garner Garrett

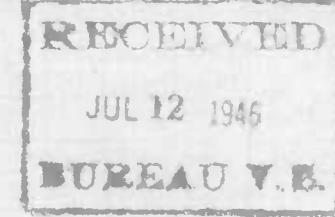
Deceased

Oakland, Md.

Date signed

7/8/46

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

## CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH: Garrett  
County.....

City or town..... Near Vindex  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 73 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Samuel Reason Harvey

4. Sex Male 5. Color or race White 8. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Myrtle V. Harvey

7. Birth date of deceased (mo., day, yr.) 17 November 1872 8. (c) If alive, give age 48 years

8. AGE: Years 73 Months 7 Days 16 If less than one day  
..... hrs. ..... min.

9. Birthplace Vindex-Garrett, Maryland  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business own farm

12. Name William S. Harvey

13. Birthplace Vindex, Md

14. Maiden name Rachel Barnhouse

15. Birthplace Bloomington, Md

16. Informant Mrs C. R. Harvey

Address Seventon, Md

17. Burial Date thereof 5 July 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Zion Cemetery

Location near Vindex, Md.

18. Funeral director Ellsworth S. Boal

Address 111 Church St. Westernport, Md.

19. Date rec'd by registrar July 5 1946

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garrett

City or town Rural - Near Vindex  
(If outside city or town limits, write RURAL and give nearest town)

Street No. none  
(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

July 3 1946 at 6:25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Wkned after death

and that I last saw h..... alive on.....

## Immediate cause of death

Chrome Myseedites

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

## Major findings of operations.....

Date of op.

## Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

23. SIGNATURE Elvanga A. H. Debs, M.D. M. D. or other St. Pauline Debs

Address Oakland, Md Date signed 7/3/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

07035 162  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

## 3. (a) FULL NAME

Nancy Elizabeth Lewis

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Single

B (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 22 1946

8. AGE: Years

Months

Days

If less than one day

2 hrs.

min.

9. Birthplace

Grantsville Md

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

Joseph Arthur Lewis

12. Name

13. Birthplace

14. Maiden name

Duth Elizabeth Nottingham

15. Birthplace

16. Informant

Joseph Arthur Lewis

Address

Grantsville Md

17. Burial

Date thereof 7-22-1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Grantsville

Location Grantsville Md

18. Funeral director Mr. Winterberg

Address Grantsville Md

19. July 22, 1946 Ether Broadnauer  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

City or town

Grantsville

Ward No.

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 22 1946, at 5:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 22 1946 to July 22 1946  
and that I last saw h alive on July 22 1946

Immediate cause of death

Pneumonia Birth

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

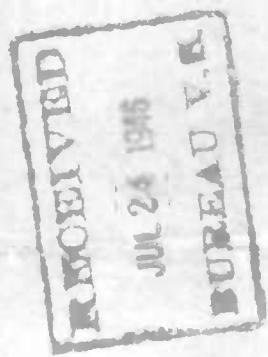
23. SIGNATURE

H. R. Davis M.D.

M. D. or other

Address Grantsville Md

Date signed July 22



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 070366

1. PLACE OF DEATH: **Garrett**  
County.....

City or town..... **Oakland, Maryland.**  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Life time**  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME  
**Foster Milburn Mann.**

|        |                  |  |
|--------|------------------|--|
| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
| Male   | White            | Single.                                      |

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) **January 10th, 1926**

|               |        |      |                      |
|---------------|--------|------|----------------------|
| 8. AGE: Years | Months | Days | If less than one day |
| 20            | 6      | 15   | hrs. min.            |

9. Birthplace..... **Oakland, Maryland.**  
(Town, county, and state)

10. Usual occupation..... **Student.**

11. Industry or business  
FATHER 12. Name **Milburn Wendell Mann.**

MOTHER 13. Birthplace **Romney, W. Va.**

14. Maiden name **May lee.**

15. Birthplace **Garrett County.**

16. Informant **Milburn Wendell Mann.**

Address **Oakland, Maryland.**

17. Burial Date thereof **July 28/46**  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Oakland Cemetery.**

Location **Oakland, Maryland.**

18. Funeral director **Emory D. Baldwin**

Address **Oakland, Md.**

19. Date rec'd by registrar **July 27 1946**

(Date rec'd by registrar) **Julia Power**

Registrar **Local**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State **Maryland** County **Garrett**  
City or town..... **Oakland, Maryland.**  
(If outside city or town limits, write RURAL and give nearest town)

Street No. **110** (If rural, give LOCATION) **World War #2.**

2. (a) If veteran, name war **World War #2.**

3. (b) Social Security Number **217-18-4863**

## MEDICAL CERTIFICATION

20. DATE OF DEATH **July 26th, 1946**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**Examined after death.**

and that I last saw h..... alive on **19.**

Immediate cause of death **Compound fracture frontal**

**portion of skull**

Due to.....

Due to.....

Other conditions **Fracture left femur**

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. **No**

Autopsy results **No**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **Accident** Date of **7/26/46**

Where did injury occur **near Oakland-Garrett-Md.**

(City or town) **Garrett County** (County) **Md.** (State)

Injured at home, farm, industry, public place (where?) **US Rt. 219**

Means of injury **Auto collision** Injured at work? **No**

*8. I Baumgartner M.D. Deby. Med Werner*

23. SIGNATURE **Emory D. Baldwin** M. D. or other **Garrett M.D.**

Address **Oakland, Md.** Date signed **7/27/46**

RECD

AUG 7 1945

BUREAU

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## Evidence for change of birth date of deceased is stated in

## STATE OF MARYLAND—CERTIFICATE OF DEATH

FILM No. 106801 26 1946

934

07037

## 1. PLACE OF DEATH

County

Garrett

Registration Dist. No.

162

Village or City

Avelton Md

St.

Ward

Length of residence in city or town where death occurred

not known

ND.

If death occurred in a hospital or institution, give its NAME instead of street and number

## 2. FULL NAME

Aennie M. McKenzie

(a) Residence: ND.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5e. If married, widowed or divorced

HUSBAND of (or) WIFE of

Thomas L. McKenzie

Garrett

6. DATE OF BIRTH (month, day, and year)

1899-11-17 Sept. 1898

7. AGE

Years Months Days

If LESS than  
1 day, hrs.  
or min.

67

9

23

8. Trade, profession, or particular kind of work done, as SPTNER, SAWYER, BODKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

House wife

12. BIRTHPLACE (city or town)  
(State or country)

Greenvill Twp Pa

13. NAME

Elijah Weimer

14. BIRTHPLACE (city or town)  
(State or country)

Greenvill Twp

15. MAIDEN NAME

Elizabeth Brueg

16. BIRTHPLACE (city or town)  
(State or country)

Salisbury Pa

17. INFORMANT

Anthony Weimer

(Address)

Salisbury Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place: Avelton Md Date: July 17, 1946

19. UNDERTAKER

(Address)

Joy &amp; Reich

20. FILED

July 11, 1946 Editor Broadwater

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 10

(Month)

(Day)

1946  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan 15, 1940, to July 10, 1946

I last saw her alive on July 10, 1946, death is said

to have occurred on the date stated above, at 4:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

central hemorrhage

Date of onset

7/10/46

Other Contributory Causes of importance:

chemic myocarditis  
central hypertension

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Alexander Polosko M. D.

(Address)

Salisbury Pa

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |               |
|------------------------|---------------|
| Attack of epilepsy     | Date of onset |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

07038

162

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Garett

County

Jennings

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

John Michael Miller4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married8. (b) Name of husband or wife Laura Miller7. Birth date of deceased (mo. day. yr.) June 1-1872 8. (c) If alive, give age 69 years8. AGE: 74 Years 2 Months - Days If less than one day hrs. .... min.9. Birthplace Eckard Md (Town, county, and state)

10. Usual occupation

11. Industry or business Farmer12. Name William Miller13. Birthplace Not Known14. Maiden name Elizabeth Porter15. Birthplace Not Known16. Informant Elmer MillerAddress Jennings Md17. Burial Date thereof 8-4-1946 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory HandwerkLocation Near Jennings Md18. Funeral director Mr. W. H. WinklerAddress Grantsville Md19. Aug 2 1946 Ethel Broadwater (Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MdCounty GarettCity or town Jennings

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

July 31 1946 at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 1945, to July 31 1946 and that I last saw him alive on July 20 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Due to

Other conditions

Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. R. Dennis M.D. M. D. or otherAddress Grantsville Md Date signed Aug 2



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

07039

## CERTIFICATE OF DEATH

Reg. Distr. No. 168

## 1. PLACE OF DEATH:

County

GARRETT

City or town

FROSTBURG (RURAL)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

R.R. # 40

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

MRS. ROSE-ELIZABETH-OPEL

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

WHITE

WIDOWED

6. (b) Name of husband or wife

JACOB H. OPEL

7. Birth date of deceased (mo., day, yr.)

MAY 28-1883

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years 63 | Months 1 | Days 15 | If less than one day

hrs. — min.

9. Birthplace

GARRETT CO. MARYLAND

(Town, county, and state)

10. Usual occupation

HOUSEWIFE

11. Industry or business

HOME

MOTHER FATHER

12. Name JAMES CAREY

13. Birthplace

GARRETT CO. MARYLAND

14. Maiden name

ADA-BLOCHER

15. Birthplace

GARRETT CO. MARYLAND

16. Informant

Mother of Osel

17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof JULY-16-1946  
(month) (day) (year)

Cemetery or crematory MOUNT ZION CEMETERY

Location

FROSTBURG R.R. # 40

18. Funeral director

Stanley M. Horner

Address

Salisbury Penna

19. Date rec'd by registrar

July 15, 1946

Professional Michael

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County GARRETT

City or town FROSTBURG - RURAL

(If outside city or town limits, write RURAL and give nearest town)

Street No.

R.R. # 40

(If rural, give LOCATION)

2.(a) If veteran, name war

NONE

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 13

1946

at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

October 9, 1941, to July 13, 1946

1946

end that I last saw her alive on

July 13, 1946

1946

Immediate cause of death

generalized carcinomatosis

Due to

Carcinoma Breast

2 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Far advanced malignancy  
right breast Date of op. 2-22-45

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

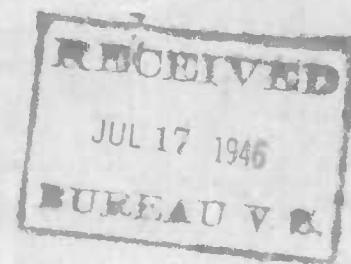
Injured at work?

23. SIGNATURE

ALEXANDER SLOVSKO, M.D.

M. D. or other

Address 714/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170

## CERTIFICATE OF DEATH

07040, 66

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

Garrett

County

Mt. Lake Park

City or town

(If outside city or town limits, write RURAL and give nearest town)

52 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

Kisers Nursing Home

52 yrs.

How long in hospital or institution?

## 3. (a) FULL NAME

Alexander Park

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 6, 1881

8. AGE: Years 65 Months 2 Days 21 If less than one day

9. Birthplace: Lonaconing, Md.

(Town, county, and state)

10. Usual occupation: Woodsman

11. Industry or business: Timber Cutter

FATHER 12. Name: John Park

13. Birthplace: Scotland

MOTHER 14. Maiden name: Ellen Muir

15. Birthplace: Scotland

16. Informant: John Park

Address: Cumberland, Md.

17. Burial: Burial

(Burial, cremation, or removal. Which?)

Date thereof: July 29, 1946

(month) (day) (year)

Cemetery or crematory: Texas Cemetery

Location: Preston Co., W. Va.

18. Funeral director: Herbert P. Leighton

Address: Oakland, Md.

19. Date rec'd by registrar: 7-28-46

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Garrett

City or town: Crellin

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

-----

## MEDICAL CERTIFICATION

July 27,

1946 10:00A.M.

20. DATE OF DEATH: May 10

1945 7-27-46

and that I last saw him alive on 7-26-46

Immediate cause of death: Hemorrhaging Gastric Ulcer

DURATION 3 months

Due to: Had Had chronic Gastric ulcers

for years 5

Due to: Had heart attack

Due to:

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. B. Leighton

M. D. or other

Oakland, Maryland

7-29-46

Address Date signed

RECEIVED BY THE FEDERAL BUREAU OF INVESTIGATION

U. S. DEPARTMENT OF JUSTICE

197-20246-247-100

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BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

07041  
167  
Reg. Diat. No.

## 1. PLACE OF DEATH:

Garrett  
County.....Gorman, Md.  
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

28 years

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Cromwell Scott Reall.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married.

6. (b) Name of husband or wife Daisy E. Reall.

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo. day, yr.) Oct 30th, 1882.

8. AGE: Years Months Days If less than one day  
63 8 14 ..... hrs. ..... min.9. Birthplace Mt. Storm, W. Va.  
(Town, county, and state)

10. Usual occupation coal miner

## 11. Industry or business

12. Name Henry Clay Reall.

13. Birthplace West Virginia.

14. Maiden name Betty Jane Eye.

15. Birthplace Pendleton County, W. Va.

16. Informant Mrs. Marl Liller.

Address Gorman, W. Va.

17. Burial Date thereof July 15/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery.

Locallion Near Gorman, Md.

18. Funeral director Murray D. Bolder  
Address Lakeland, Md.19. 7/20 1946 Elmer C. Shaffer  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Gorman, Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

212-12-8565

## MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH July 13th 1946 19 12:30

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

3/20 1945 to 7/13 1946

and that I last saw h. f. alive on 7/12 1946

Immediate cause of death Coronary thrombosis

2nd attack and followed by cerebral embolism + hemiplegia

Due to Coronary arteriosclerosis

DURATION

1 week

4 days

2 yrs.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations No

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

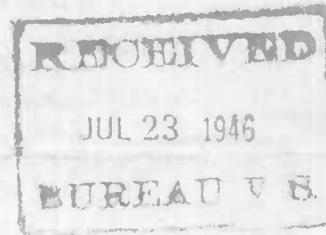
Means of injury.....

Injured at work?

23. SIGNATURE

M. D. or other

Address E. 10th, W. Va. Date signed 7/16/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

07042

## CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:  
Garrett  
County.....

City or town..... Rural - Kitzmiller  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death..... 1 mile West

Health, institution, or street address where death occurred:  
Dill Hole - Potomac River

How long in hospital or institution?.....

3. (a) FULL NAME  
Arthur Myles Riggelman

4. Sex  
Male  
5. Color or race  
White  
6. (a) Single, married, widowed, or divorced  
Married

6. (b) Name of husband or wife  
Mary Elizabeth ( Kinser )  
Riggelman

7. Birth date of  
deceased (mo. day, yr.)  
May 7 1905  
6. (c) If alive, give age 42 years

8. AGE: Years  
41  
Months  
1  
Days  
27  
If less than one day  
hrs. .... min.

9. Birthplace  
Westernport, Alleg. Co., Md.

(Town, county, and state)

10. Usual occupation  
Miner  
Coal Mines

11. Industry or business  
Richard Riggelman

12. Name  
Allegany Co., Md.

13. Birthplace  
Daisy Ellen Rohrbaugh

14. Maiden name  
Petersburg, W. Va.

15. Birthplace  
Mrs. Mary E. Riggelman

16. Informant  
Kitzmiller, Md.

Burial  
Date thereof July 7, 1946  
(Burial, cremation, or removal. Which?)

Cemetery or crematory  
Davis Cemetery  
Location  
West Vindex, Md. Garrett Co., Md.

18. Funeral director  
Otha F. Sharpless

Address  
Blaine, W. Va.

19. Date rec'd by registrar  
7/15/46 46

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland  
County..... Garrett

City or town..... Kitzmiller  
(If outside city or town limits, write RURAL and give nearest town)

Street No..... Water Street  
(If rural, give LOCATION)

2. (a) If veteran, name war  
no

3. (b) Social Security Number  
215-10-3390

## MEDICAL CERTIFICATION

20. DATE OF DEATH  
July 4 1946 at 7:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Riggleman 1946 at 7:00 p.m.

and that I last saw him alive on 19.....

Immediate cause of death  
Accidental drowning

Due to.....

Due to.....

Other conditions  
Fractured Cervical Vertebrae

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results  
None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide.

Where did injury occur? Kitzmiller, Garrett Co., Md.

Injured at home, farm, industry, public place (where?)  
Potomac River

Means of Injury  
Drowning

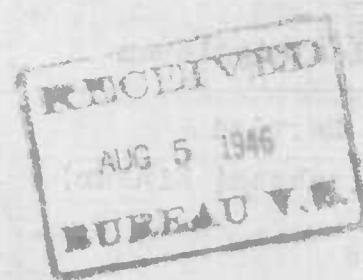
Injured at work? No

23. SIGNATURE  
D. J. Baumgartner, M.D. Lawyer

M. D. or other

Date signed  
7/14/46

Address..... Oakland, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 113

07043

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:  
Garrett  
County \_\_\_\_\_  
City or town... Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Reynold Fredrick Ruffi.

4. Sex      5. Color or race      6. (a) Single, married, widowed, or divorced

Male      White      Married.

6. (b) Name of husband or wife... Cecelia Ruffi.

7. Birth date of deceased (mo., day, yr.)... January 26th 1918.

8. AGE:      Years      Months      Days      If less than one day  
28      5      28      . . . . . hrs.      . . . . . min.9. Birthplace... Beaver Dam, Wisconsin.  
(Town, county, and state)

10. Usual occupation... Pilot

## 11. Industry or business

FATHER 12. Name... Joseph J. Ruffi.

MOTHER 13. Birthplace... Wisconsin.

14. Maiden name... Ann Kowalski.

15. Birthplace... Wisconsin.

16. Informant... Mrs. Cecelia Ruffi.

Address 1842 Emerson Ave., Dayton, Ohio.

17. Burial Date thereof... July 27/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or columbarium... Catholic Cemetery.

1817 East 3rd St.  
Location... Dayton, Ohio.

18. Funeral director... Envoy Bolden

Address... Oakland, Maryland

19. July 25, 1946      Registrar... Julian Powers  
(Date rec'd by registrar)2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... Ohio      County... Montgomery

City or town... Dayton, Ohio.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war... ✓

## 3. (b) Social Security Number

216-10-8269

## MEDICAL CERTIFICATION

20. DATE OF DEATH... July, 23

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Examined after death.

and that I last saw him alive on... Dead

Immediate cause of death...

Accidental drowning in Deep Creek  
Lake, Nr. Oakland, Md.

Due to... Air Plane crash.

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Accident Date of 7/23/46

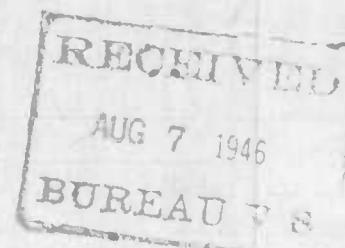
Where did injury occur... Deep Creek Lake-Garrett-Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Deep Creek Lake

Means of injury... Drowning      Injured at work? Yes

23. SIGNATURE... J. D. Brumgarther, M.D. Examiner  
M. D. or other

Address... Oakland, Md. Date signed 7/26/46



## MARGIN RESERVED FOR BINDING

N. B.—WRITEPLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

17044

## 1. PLACE OF DEATH

County Garrett

Village or City Friendsville, Md.

Length of residence in city or town where death occurred 78 yrs. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Cora Virginia Rumbaugh

(a) Residence: No. Friendsville, Md.

(Usual place of abode)

St., Ward. If U. S. Veteran, specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|          |                    |   |
|----------|--------------------|---|
| 3. SEX F | 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed |
|----------|--------------------|---|

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 20, 1868

|                 |          |         |                                  |
|-----------------|----------|---------|----------------------------------|
| 7. AGE Years 77 | Months 8 | Days 12 | If LESS than 1 day, hrs. or min. |
|-----------------|----------|---------|----------------------------------|

|   |
|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife             |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                                |
| 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town) Friendsville, Md. (State or country)

13. NAME J. Thomas Garey

14. BIRTHPLACE (city or town) Garrett Co. Md. (State or country)

15. M AIOEN NAME Precilla Friend

16. BIRTHPLACE (city or town) Garrett Co. Md. (State or country)

17. INFORMANT W. Glenn (Address) Friendsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Bloomington Rose, Md. Date July 4, 1946

19. UNDERTAKER A. F. Collins (Address) Terra Alta, W. Va.

20. FILED July 3, 1946 (Address) Julia Brown, Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

July 2, (Month)

(Day)

193 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 1, 1946, to July 2, 1946

I last saw her alive on July 2, 1946; death is said to have occurred on the date stated above at 3:00 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

A chronic Myocarditis  
ArteriosclerosisDate of onset  
1946  
1935

Other Contributory Causes of Importance:

Bronchopneumonia

June 15

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Tepfer, M. D.  
(Address) Friendsville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

| Gallstones | May 1, 1928 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 480

07045

## CERTIFICATE OF DEATH

Reg. Dist. No. 161

## 1. PLACE OF DEATH:

County

City or town Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mellie M. Thomas

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

David Thomas

7. Birth date of deceased (mo., day, yr.)

May 6

6. (c) If alive, give age .....

1881

years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

5958

9. Birthplace

711d

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Thomas Estates

MOTHER FATHER

12. Name

Thomas Estates

13. Birthplace

711d

14. Maiden name

Mary S. Smith

15. Birthplace

711d

16. Informant

David Thomas

Address

Freudaville 711d

17. Burial

711d

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Morristown Dale

Location

Mary Freudaville

18. Funeral director

M. W. Savage

Address

Freudaville 711d

19. Date rec'd by registrar

July 15 1946

(Date rec'd by registrar)

Mrs. Kathryn T. Tepfer

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Baltimore

City or town

Freudaville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war .....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

July 14

1946

5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 10

1946

July

1946

and that I last saw her alive on

July 11

1946

Immediate cause of death .....

Carcinoma of Cervix

DURATION

2 years

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings or operations .....

Date of op.

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Date of .....

Where did injury occur .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work?

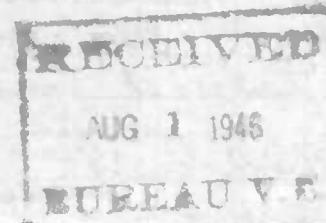
23. SIGNATURE

Milton Tepfer M.D.

M. D. or other

Address

Freudaville, Md.Date signed July 15, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

0704/62  
Reg. Dist. No. 1

## 1. PLACE OF DEATH:

Garrett

County

City or town RD#2 Grantsville, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Fredrick Emmons Yommer

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Joe Ann Yommer

7. Birth date of deceased (mo., day, yr.)

March 23, 1901

6.(c) If alive, give age

44

years

8. AGE:

Years

Months

Days

If less than one day

45

3

15

hrs.

min.

9. Birthplace

Jennings, Md. (Garrett.)

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Louis Yommer

12. Name

Louis Yommer

13. Birthplace

Jennings, Md.

14. Maiden name

Jane Otto

15. Birthplace

Rd#2 Grantsville, Md.

16. Informant

Mrs Gladys Wilt

Address

Grantsville, Md.

17. Burial

Date thereof July 11, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Grantsville

Location

Grantsville, Md.

18. Funeral director

Mrs. Winterberg

Address

Grantsville, Md.

19. July 11, 1946

Ethel Broadwater

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Garrett

City or town RD#2 Grantsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

23-18-2591

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 8

1946 at 9: A M

21. I CERTIFY that death occurred on the date above-stated; that I attended deceased from

Yommer after death

19

and that I last saw h. alive on

19

Immediate cause of death

Coronary Occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURES

B. Bannister M.D. Summer

M. D. or other

Dallas One

Date signed

7/8/46

